PTO/SB/21 (08-03)

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OIPE		Application Number	10/067,518			
ANGMITTAL		Filing Date	2/4/2002			
JUN 2 9 2005 THANSMITTAL		First Named Inventor	Stephen Russell Falcon			
[\\ 3 .		Group Art Unit				
(to be used for all correspondence after initial	l filing)	Examiner Name				
Total Number of Pages in This Submission		Attorney Docket Number	MS1-1007US			
	ENCLOSUR	ES (check all that apply)				
Fee Transmittal Form Drawin Fee Attached Licens Amendment / Reply Petition Affidavits/declaration(s) Power Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Conv of Priority		ing-related Papers n n to Convert to a ional Application of Attorney, Revocation ge of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Receipt Post Card; PTO Form 1449; (8) references			
SIGNATI	JRE OF APPL	ICANT, ATTORNEY, OR	AGENT			
Firm or Individual Name Signature Mark C. Farrell/Reg. I						
Date 6-27-03						
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Typed or printed name Laurie Morgan	Typed or printed name Laurie Morgan					
Signature Laune	Marga	\sim	Date 6/27/05			

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Effective do 2/08/2004. Fees pursuant to the Consolidate Appropriations Act, 2005 (H.R. 4818).				Application Number 10/067,518				
	ANS	MITTA	LI	Filing Date		2/4/2002		
	FY 20			First Named Inv	entor	Stephen R	ussell Falc	con
				Examiner Name				
Applicant claims small e	entity status.	See 37 CFR 1.27		Art Unit				
TOTAL AMOUNT OF PAYM	IENT (\$)	0.00		Attorney Docket	No.	MS1 1	007US	
METHOD OF PAYMENT	(check all	that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0769 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization of FEE CALCULATION	on PTO-2038.							
1. BASIC FILING, SEARGE Application Type Utility Design Plant Reissue Provisional	FILING F			CH FEES Small Entity Fee (\$) 250 50 150 250 0	Fee 200 130 160 600) 100) 65) 80	<u>ntity</u>	Fees Paid (\$)
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Each independent claim of Multiple dependent claims Total Claims	Reissues, ver 3 or, for xtra Claims aims paid for, xtra Claims ndent claims EE drawings e 0 sheets or Extra Shee	each claim over a release, each series (\$) x 50 = if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20 x 200 = vaid for, if greater than 20	20 and indeper Fee Fee Fee Fee Fee Fee Fee Fee Fee F	more than in the endent claim more than in the endent claim more than in the endent (\$) Paid (\$) Paid (\$) Per, the application of the endent claim is the endent claim in the end claim in	Multij Fe ion siz (1)(G)	inal patent in the orig ple Depende e (\$) e fee due is and 37 CFR	nt Claims Fee Paid	360 180 (<u>\$)</u>
SUBMITTED BY		_	•					

SUBMITTED BY			
Signature	Mich C. Fell	Registration No. (Attorney/Agent) 45988	Telephone (509) 324-9256
Name (Print/Type)	Mark C. Farrell		Date 6-27-05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ED STATES PATENT AND TRADEMARK OFFICE 3 4 Group Art Unit Examiner 5 Title: Speech Controls for Use with a Speech System INFORMATION DISCLOSURE STATEMENT References -- See Attached Form PTO-1449 **REMARKS** The citations listed, copies attached, are submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application. Respectfully Submitted, Date: 6-27-05Mark C. Farrell Reg. No. 45988

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Sheet 1

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

of 2

Complete if Known				
Application Number	10/067,518			
Filing Date	2/4/2002			
First Named Inventor	Stephen Russell Falc			
Art Unit				
Examiner Name				
Attorney Docket Number	MS1 1007US			

	-		U. S. PATEN	DOCUMENTS	
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		^{US-} 2002/0095290	7/18/2002	Kahn et al.	
		^{US-} 2003/0050777	3/13/2003	Walker, JR	
		^{US-} 6310629	10/30/2001	Mathusamy et al.	
		^{US-} 6434529	8/13/2002	Walker et al.	
		^{US-} 6456974	9/24/2002	Baker et al.	
		^{US-} 6785654	8/31/2004	Cyr et al.	
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	•	FORE	IGN PATENT DOCU	MENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Name of Patentee or Date Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	Τ°
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Substitute for form 1449/PTO	Complete if Known			
Substitute for form 1449/PTO	Application Number	10/067,518		
INFORMATION DISCLOSURE	Filing Date	2/4/2002		
STATEMENT BY APPLICANT	First Named Inventor	Stephen Russell Falc		
	Art Unit			
(Use as many sheets as necessary)	Examiner Name			
Sheet 2 of 2	Attorney Docket Number	MS1 1007US		

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		"Java Speech API Programmer's Guide", Version 1.0, October 1998	
		"Java Speech API Specifications", Version 1.0, 1997-1998	
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Examiner	Date	
Signature	Considered	

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